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CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 19.2
TITLE: **BONE GROWTH STIMULATORS**

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(c)(2)(i)

I. EFFECTIVE DATE

October 6, 1988

II. PROCEDURE CODE(S)

20670, 20680, 20974-20975

III. DESCRIPTIONS

A. Electrical stimulation to augment bone repair can be accomplished through one of the following methods:

1. A totally invasive method in which electrodes and power pack are surgically implanted within the extremity.
2. A semi-invasive method in which electrodes penetrate the fracture and the power pack is externally placed and the leads are connected to the inserted electrodes.
3. A totally noninvasive method in which the electrodes are placed over the cast surface and are connected to an external power pack.

B. An ultrasonic bone growth stimulator is a noninvasive device that emits low density, pulsed high frequency ultrasound to promote the healing of delayed unions and nonunions that are refractory to standard treatment.

IV. POLICY

A. Use of the **PEMF (Pulsed Electromagnetic Field)** noninvasive type of device is covered for the following procedures:

1. Nonunion of long bone fractures
2. Failed fusion
3. Congenital pseudoarthrosis

B. Use of the invasive type of device is covered as an adjunct to spinal fusions to increase the probability of fusion success **in patients** as follows:

- a. **With** grade 2- or 3-spondylolitheis **who are** at high risk for pseudo-arthrosis
- b. Considered to be high risk, such as smokers, obese, etc.

C. **Ultrasonic bone growth stimulators are covered as medically reasonable and necessary for the treatment of nonunion fractures.**

V. POLICY CONSIDERATIONS

A. A nonunion fracture is determined to exist when serial radiographs have confirmed that the fracture healing has ceased for 3 or more months from the date of fracture.

B. When determined to be medically necessary, the electrical bone stimulator may be rented following the durable medical equipment reimbursement procedures outlined in [Chapter 2, Section 17.1](#), *Durable Medical Equipment and Supplies*.

C. When determined to be medically necessary, repairs, adjustments and accessories necessary for the effective functioning of the device, and removal and replacement of the covered device, as well as associated surgical costs may also be considered for cost-sharing.

VI. EXCLUSIONS

A. **Use of invasive direct current electrical stimulation and semi-invasive direct current electrical stimulation for the nonunion of fractures of appendicular bones and long bones.**

B. **Use of the capacitive coupling or combined electromagnetic field electrical stimulation noninvasive type of device for the nonunion of fractures of appendicular bones other than long bones.**

C. Use of ultrasonic bone growth stimulators for the nonunion of fractures of the skull, vertebrae, and those that are tumor-related.

D. Use of ultrasonic bone growth stimulators concurrently with other noninvasive bone growth devices.

END OF POLICY